

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Jeremy

First name

P.

Middle name

Bring your picture identification to your meeting with the trustee.

Heinemann

Last name and Suffix (Sr., Jr., II, III)

Jennifer

First name

S.

Middle name

Heinemann

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Jennifer S Nieves

Jennifer S. Nieves

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-5504

xxx-xx-9102

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):**

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☐ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

7246 Catalina St
 Spring Hill, FL 34606

Number, Street, City, State & ZIP Code

Hernando
 County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
 Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
 Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
☐ Yes.
- | | |
|----------------|--|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ Case number, if known _____ |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ Case number, if known _____ |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code _____

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Sandra H. Day

Signature of Attorney for Debtor

Date

February 21, 2019

MM / DD / YYYY

Sandra H. Day

Printed name

The Day Law Office

Firm name

PO Box 5535

Spring Hill, FL 34611-5535

Number, Street, City, State & ZIP Code

Contact phone 352-684-6545

Email address

daylawofficebk@tampabay.rr.com

189499 FL

Bar number & State

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	17,637.26
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	17,637.26

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	1,191.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	107,391.85
Your total liabilities		\$ 108,582.85

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,729.20
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,592.00

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes
7. What kind of debt do you have?
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,601.20

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1	Make:	Chevrolet
	Model:	Trailblazer
	Year:	2006
	Approximate mileage:	192,000
	Other information:	
	NADA Average Trade in value	

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$2,800.00

\$2,800.00

3.2	Make:	Hyundai
	Model:	Accent
	Year:	2008
	Approximate mileage:	92,000
	Other information:	
	NADA Average Trade in value	

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$1,587.00

\$1,587.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

3.3 Make: Ford
 Model: Freestyle
 Year: 2007
 Approximate mileage: 180,000
 Other information:

NADA below Average Trade
 in-value was \$1,600
 Vehicle needs transmission fluid &
 a new transmission replace.
 Vehicle also needs a new
 Transaxle replacement.
 Vehicle repairs est. total
 \$2,914.20

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put
 the amount of any secured claims on *Schedule D:*
Creditors Who Have Claims Secured by Property.

Current value of the
entire property?Current value of the
portion you own?

\$0.00

\$0.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
 pages you have attached for Part 2. Write that number here.....=>

\$4,387.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the
portion you own?**
 Do not deduct secured
 claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

two chairs, two lamps, three entertainment centers, 3 bookcases, two
 computer accessories, three desks, two rugs, two bar stools, freezer,
 dishes, pots and pans, small kitchen appliances, washer/dryer, patio
 table, 3 patio chairs, 1 beds, three dressers, 2 night stands, sewing
 machine, vacuum cleaner, 2 misc hand tools, misc garden tools, drill,
 lawn mower.

\$605.00

Queen Mattress, 5 pieces bench pub set, Motion sofa, Motion loveseat,
 8x5 pinehurst small, 1c Essex rug, area rug 5x6, Serta mattress, queen
 navy cora, crushed void white, banana tree bskt, twin display with
 stand, fragrance burner, slow cooker, queen mattress, 2 bed pillows,
 mesh chair, pillowcase, mattress protector, 2 pairs curtains, kitchen
 towels, placemats.-Leased by NPRTO Florida, LLC

\$0.00

furniture liened by Badcock: bed and mattress, dressers, nightstand,
 grill

\$350.00

7. Electronics

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices
 including cell phones, cameras, media players, games*

- ☐ No
☒ Yes. Describe.....

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

4 televisions, computer, 2 tablets, 2 laptops, 5 gaming systems, 3 mobile phones, stereo/radio.

\$1,125.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe.....

baseball card collection

\$100.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☒ Yes. Describe.....

2 photo equipment, camping equipment.

\$250.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

His & Her clothing

\$100.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....

Pandora engagement, mens wedding band, necklace, 2 watches/bracelets.

\$130.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe.....

Tabby cat, non-breeding- Priceless

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$2,660.00

Part 4: Describe Your Financial Assets

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes.....**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes.....

Institution name:

17.1. Checking

SunTrust Bank Account ending in 7317

\$15.13

17.2. Checking

SunTrust Account ending in 8669

\$132.13

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes.

Institution name or individual:

Utility

Hernando County Utilities Department
 15365 Corteze Blvd.
 Brooksville, FL 34613

\$340.00

Rental deposit

Rental Deposit-
 Cathy Devries
 17350 Eldridge Avenue
 Spring Hill, FL 34610

\$1,200.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No
☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

- ☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Anticipated 2018 Tax return

Federal

\$3,600.00

2018 Anticipated Tax Refund
 Earned Income Credit

Federal

\$5,303.00

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☐ No
☒ Yes. Give specific information.....

Child support arrearage owed from Sherreen
 Heatt

Child Support

Unknown

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.
 Company name:

Beneficiary:

Surrender or refund
 value:

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No
☒ Yes. Describe each claim.....

Workers Compensation- Attorney for debtor's case-
 Mark A. Lee, Esq.
 2805 W. Busch Blvd.
 Tampa, FL 33618

Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$10,590.26

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2			\$0.00
56. Part 2: Total vehicles, line 5	\$4,387.00		
57. Part 3: Total personal and household items, line 15	\$2,660.00		
58. Part 4: Total financial assets, line 36	\$10,590.26		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	+	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$17,637.26	Copy personal property total	\$17,637.26
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$17,637.26

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2006 Chevrolet Trailblazer 192,000 miles NADA Average Trade in value Line from <i>Schedule A/B</i> : 3.1	\$2,800.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)
2006 Chevrolet Trailblazer 192,000 miles NADA Average Trade in value Line from <i>Schedule A/B</i> : 3.1	\$2,800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
2006 Chevrolet Trailblazer 192,000 miles NADA Average Trade in value Line from <i>Schedule A/B</i> : 3.1	\$2,800.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
2008 Hyundai Accent 92,000 miles NADA Average Trade in value Line from <i>Schedule A/B</i> : 3.2	\$1,587.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)
2008 Hyundai Accent 92,000 miles NADA Average Trade in value Line from <i>Schedule A/B</i> : 3.2	\$1,587.00	<input checked="" type="checkbox"/> \$587.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2007 Ford Freestyle 180,000 miles NADA below Average Trade in-value was \$1,600 Vehicle needs transmission fluid & a new transmission replace. Vehicle also needs a new Transaxle replacement. Vehicle repairs est. total \$2,914.20 Line from Schedule A/B: 3.3	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
two chairs, two lamps, three entertainment centers, 3 bookcases, two computer accessories, three desks, two rugs, two bar stools, freezer, dishes, pots and pans, small kitchen appliances, washer/dryer, patio table, 3 patio chairs, 1 beds, three dressers, Line from Schedule A/B: 6.1	\$605.00	<input checked="" type="checkbox"/> \$605.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)
4 televisions, computer, 2 tablets, 2 laptops, 5 gaming systems, 3 mobile phones, stereo/radio. Line from Schedule A/B: 7.1	\$1,125.00	<input checked="" type="checkbox"/> \$1,125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)
baseball card collection Line from Schedule A/B: 8.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)
2 photo equipment, camping equipment. Line from Schedule A/B: 9.1	\$250.00	<input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)
2 photo equipment, camping equipment. Line from Schedule A/B: 9.1	\$250.00	<input checked="" type="checkbox"/> \$180.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
His & Her clothing Line from Schedule A/B: 11.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Pandora engagement, mens wedding band, necklace, 2 watches/bracelets. Line from Schedule A/B: 12.1	\$130.00	<input checked="" type="checkbox"/> \$130.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Tabby cat, non-breeding- Priceless Line from Schedule A/B: 13.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)
Checking: SunTrust Bank Account ending in 7317 Line from Schedule A/B: 17.1	\$15.13	<input checked="" type="checkbox"/> \$15.13 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Checking: SunTrust Account ending in 8669 Line from Schedule A/B: 17.2	\$132.13	<input checked="" type="checkbox"/> \$63.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Checking: SunTrust Account ending in 8669 Line from Schedule A/B: 17.2	\$132.13	<input checked="" type="checkbox"/> \$69.13 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, §4(2)
Utility: Hernando County Utilities Department 15365 Corteze Blvd. Brooksville, FL 34613 Line from Schedule A/B: 22.1	\$340.00	<input checked="" type="checkbox"/> \$340.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Rental deposit: Rental Deposit-Cathy Devries 17350 Eldridge Avenue Spring Hill, FL 34610 Line from Schedule A/B: 22.2	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Federal: Anticipated 2018 Tax return Line from Schedule A/B: 28.1	\$3,600.00	<input checked="" type="checkbox"/> \$3,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Federal: 2018 Anticipated Tax Refund Earned Income Credit Line from Schedule A/B: 28.2	\$5,303.00	<input checked="" type="checkbox"/> \$5,303.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(3)
Child Support: Child support arrearage owed from Sherreen Hieatt Line from Schedule A/B: 29.1	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.201; 11 U.S.C. § 522(d)(10)(D)
Workers Compensation- Attorney for debtor's case- Mark A. Lee, Esq. 2805 W. Busch Blvd. Tampa, FL 33618 Line from Schedule A/B: 33.1	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 440.22

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?
☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.
Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$1,191.00	\$350.00	\$841.00

2.1 W.S. Badcock Corp

Creditor's Name

Describe the property that secures the claim:

furniture liened by Badcock: bed and mattress, dressers, nightstand, grill

 Attn: Bankruptcy
 200 North Phosphate Blvd
 Mulberry, FL 33860

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____**Who owes the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt
 Opened
 03/13 Last

Date debt was incurred Active 04/18

Last 4 digits of account number 8380

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,191.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$1,191.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐
 Name, Number, Street, City, State & Zip Code
 W.S. Badcock Corp
On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**
☒ No. Go to Part 2.

☐ Yes.
Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Accelerated Financial Nonpriority Creditor's Name 25 Woods Lake Rd Ste 507 Greenville, SC 29607 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6280 When was the debt incurred? Opened 05/18 Last Active 11/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Tempoe Llc</u>	Total claim \$357.00
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Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.2	Allied Interstate Nonpriority Creditor's Name PO Box 361596 Columbus, OH 43236-1596 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7846 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for TD Bank, N.A./ Navient</u>	\$19,015.06
4.3	Amscott Nonpriority Creditor's Name 600 N. Weset Shore Blvd. FL 1200 Tampa, FL 33609 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$551.00
4.4	AR Resources, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1056 Blue Bell, PA 19422 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8882 When was the debt incurred? <u>Opened 08/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Hernando County Emergency Ph for service in 4/2018</u>	\$1,422.61

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.5	AR Resources, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1056 Blue Bell, PA 19422 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1386 When was the debt incurred? Opened 08/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Hernando County Emergency Ph for service in 11/2018</u>	\$1,305.00
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4.6	AR Resources, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1056 Blue Bell, PA 19422 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7164 When was the debt incurred? Opened 05/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Hernando County Emergency Ph</u>	\$875.00
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4.7	AR Resources, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1056 Blue Bell, PA 19422 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9746 When was the debt incurred? Opened 07/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Hernando County Emergency Ph services from 3/19/18</u>	\$277.43
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Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.8	AR Resources, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1056 Blue Bell, PA 19422 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2066 When was the debt incurred? Opened 05/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Hernando County Emergency Ph</u>	\$118.00
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4.9	Bayfront Health Spring Nonpriority Creditor's Name P.O. Box 1280 Oaks, PA 19456-1280 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1614 When was the debt incurred? 7/25/18-7/26/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill for Jeremy service date 7/26/18</u>	\$8,377.18
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4.10	Bayfront Health Spring Hill Nonpriority Creditor's Name P.O. Box 405991 Atlanta, GA 30384-5991 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8266 When was the debt incurred? 3/19/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill for Megan Vasquez</u>	\$20.00
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Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.1 1	Brooksville HMA Physician Nonpriority Creditor's Name ATTN# 11389M P.O. Box 14000 Belfast, ME 04915-4033 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4692</u> \$1,464.00 When was the debt incurred? <u>8/9/18, 8/10/18, 8/12/18, 8/22/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills for Jennifer</u>
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4.1 2	CBM Services Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551 Midland, MI 48640 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5741</u> \$15.00 When was the debt incurred? <u>Opened 05/18 Last Active 02/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Excel Medical Imaging</u>
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4.1 3	Choice Recovery Nonpriority Creditor's Name 1550 Old Henderson Road Suite 100 Columbus, OH 43220 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8962</u> \$465.00 When was the debt incurred? <u>Opened 12/13 Last Active 07/13</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Center For Bone Joint Dise</u>
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Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.1 4	Commonwealth Fin. Systems Nonpriority Creditor's Name Attn: Bankruptcy 245 Main Street Dickson City, PA 18519 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 19N1 \$789.00 When was the debt incurred? <u>Opened 12/18 Last Active 07/14</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Quality Drive Emergency Phisc</u>
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4.1 5	Commonwealth Fin. Systems Nonpriority Creditor's Name Attn: Bankruptcy 245 Main Street Dickson City, PA 18519 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 41N1 \$651.00 When was the debt incurred? <u>Opened 11/18 Last Active 06/13</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Palm Harbor Emergency Phisc.</u>
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4.1 6	Commonwealth Fin. Systems Nonpriority Creditor's Name Attn: Bankruptcy 245 Main Street Dickson City, PA 18519 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 96N1 \$620.00 When was the debt incurred? <u>Opened 10/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Quality Drive Emergency Phisc</u>
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Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.1
7**Commonwealth Fin. Systems****Last 4 digits of account number** 16N1

\$198.00

Nonpriority Creditor's Name

Attn: Bankruptcy

245 Main Street

Dickson City, PA 18519

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** Opened 09/18 Last Active 12/14**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Quality Drive Emergency Physc4.1
8**Debt Recovery Solution****Last 4 digits of account number** 1925

\$921.00

Nonpriority Creditor's Name

Attn: Bankruptcy

6800 Jericho Turnpike Suite 113e

Syosset, NY 11791

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** Opened 5/15/18 Last Active 11/12**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Debt Medical4.1
9**Diagnostic Pathology of FI****Last 4 digits of account number** 1621

\$71.00

Nonpriority Creditor's Name

PO Box 3093

Boca Raton, FL 33431-0993

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill for Megan Vasquez

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.2
0**Diagnostic Pathology of FI**Last 4 digits of account number 4211\$310.00

Nonpriority Creditor's Name

PO Box 3093

Boca Raton, FL 33431-0993

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill for Jeremy Heinemann4.2
1**ERC/Enhanced Recovery Corp**Last 4 digits of account number 2201\$123.00

Nonpriority Creditor's Name

Attn: Bankruptcy

8014 Bayberry Road

Jacksonville, FL 32256

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

Opened 10/16

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Sprint4.2
2**Florida Cancer Specialists**Last 4 digits of account number 5400\$6.00

Nonpriority Creditor's Name

Corporate Office

P.O. Box 919527

Orlando, FL 32891-9527

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

11/17/17, 11/18/17, 11/20/17

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.2
3**Florida Cardiology Group**

Last 4 digits of account number 1851

\$234.00

Nonpriority Creditor's Name

7614 Jacque Rd.

Ste C

Hudson, FL 34667-7195

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical bill for Jeremy4.2
4**GTE Financial (dba) GTE Federal CU**

Last 4 digits of account number 5941

\$0.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 172599

Tampa, FL 33672

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

Opened 02/15 Last Active 08/15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Secured4.2
5**Heart of Florida**

Last 4 digits of account number E000

\$223.00

Nonpriority Creditor's Name

5127 Commercial Way

Spring Hill, FL 34606

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.2
6**Hernando County Emerg Phys**

Nonpriority Creditor's Name

PO box 9188

Daytona Beach, FL 32120-9180

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 0210

\$2,180.00

When was the debt incurred? 1/16/18, 3/19/18**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill4.2
7**Hernando County Emerg Phys**

Nonpriority Creditor's Name

PO box 9188

Daytona Beach, FL 32120-9180

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 0210

\$1,305.00

When was the debt incurred? 3/19/18**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill for Megan Vasquez in Jennifer's name4.2
8**Hernando County Emerg Phys**

Nonpriority Creditor's Name

PO box 9188

Daytona Beach, FL 32120-9180

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 8014

\$1,305.00

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill in Jeremy's name

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.2
9

Hernando HMA LLC

Last 4 digits of account number

\$10,465.16

Nonpriority Creditor's Name
 Bayfront Health Spring Hill
 101 Paramount Drive
 Suite 320
 Sarasota, FL 34232-6044

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bills

4.3
0

I C System Inc

Last 4 digits of account number

8701

\$436.00

Nonpriority Creditor's Name
 Attn: Bankruptcy
 Po Box 64378
 St Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

Opened 03/18

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Attorney Aris Radiology

4.3
1

I C System Inc

Last 4 digits of account number

1793

\$417.00

Nonpriority Creditor's Name
 Attn: Bankruptcy
 Po Box 64378
 St Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

Opened 03/18

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Attorney Aris Radiology

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.3
2

I C System Inc

Last 4 digits of account number 1797

\$417.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 64378

St Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 03/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Aris Radiology4.3
3

I C System Inc

Last 4 digits of account number 1791

\$417.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 64378

St Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 03/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Aris Radiology4.3
4

I C System Inc

Last 4 digits of account number 1753

\$131.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 64378

St Paul, MN 55164

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 03/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Aris Radiology

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.3
5

Jefferson Cap. Systems, LLC

Last 4 digits of account number 2003

\$11,577.00

Nonpriority Creditor's Name

Po Box 1999

Saint Cloud, MN 56302

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 07/18 Last Active 05/16

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Factoring Company Account Exeter Finance-Ford Focus4.3
6

LVNV Funding/Resurgent Cap

Last 4 digits of account number 1725

\$89.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 10497

Greenville, SC 29603

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 04/15 Last Active 08/14

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Factoring Company Account Webbank Fingerhut Freshstart4.3
7

MediCredit Inc.

Last 4 digits of account number 4812

\$10.00

Nonpriority Creditor's Name

HCA Settlement

PO Box 1629

Maryland Heights, MO 63043-0629

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 10/22/17

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection for Regional Medical Center Bayonet Point

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.3
8

Medicredit Inc.

Last 4 digits of account number 4812

\$573.00

Nonpriority Creditor's Name

HCA Settlement

PO Box 1629

Maryland Heights, MO 63043-0629

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 8/13/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection for Advanced Womens Health Center4.3
9

Midnight Velvet

Last 4 digits of account number 1290

\$353.00

Nonpriority Creditor's Name

Attn: Bankruptcy

1112 7th Avenue

Monroe, WI 53566

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 05/15 Last Active 7/29/15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Charge Account4.4
0

Nantucket Cove Apartments

Last 4 digits of account number

\$1.00

Nonpriority Creditor's Name

c/o Daniel Drake

2753 SR 580

Ste 209

Clearwater, FL 33761

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Lawsuit

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.4
1**National Credit Sys. Inc.****Last 4 digits of account number** 7247

\$3,560.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 312125

Atlanta, GA 31131

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** Opened 02/16 Last Active 03/15**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Nantucket Cove Apts4.4
2**Nicholas Financial Inc****Last 4 digits of account number** 4032

\$4,436.00

Nonpriority Creditor's Name

Attn: Bankruptcy

2454 McMullen Booth Rd

N Ste 501b

Clearwater, FL 33759

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** Opened 4/20/17 Last Active 9/07/18**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Automobile+Nissan Sentra Repo4.4
3**Online Collections****Last 4 digits of account number** 9484

\$118.00

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 1489

Winterville, NC 28590

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** Opened 06/16 Last Active 03/15**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Peoples Gas

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.4
4

ONPASV01

Last 4 digits of account number 2133

\$8,991.00

Nonpriority Creditor's Name

PO Box 1280

Oaks, PA 19456-1280

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 07/18 Last Active 04/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection for Spring Hill Regional Hospital for Jeremy service date 4/11/184.4
5

ONPASV01

Last 4 digits of account number 8441

\$2,514.01

Nonpriority Creditor's Name

PO Box 1280

Oaks, PA 19456-1280

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 1/16/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical bill for Megan Vasquez4.4
6

Paragon Revenue Group

Last 4 digits of account number 9798

\$2,514.00

Nonpriority Creditor's Name

Attn: Bankruptcy

216 Le Phillip Ct Ne

Concord, NC 28025

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? Opened 12/18 Last Active 02/18

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Attorney Bayfront Health Spring Hill

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.4
7**Radiology**

Last 4 digits of account number 17SM

\$814.00

Nonpriority Creditor's Name
 Phys. Solutions of West FL
 P.O. Box 3495
 Toledo, OH 43607

When was the debt incurred? 8/23/17

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☒ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Medical Bill for Jeremy4.4
8**RMCB**

Last 4 digits of account number 6334

\$22.84

Nonpriority Creditor's Name
 4 Westchester Plaza
 Suite 110
 Elmsford, NY 10523

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☒ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Puzzle Club4.4
9**Security Check**

Last 4 digits of account number 0879

\$769.00

Nonpriority Creditor's Name
 Attn: Bankruptcy Dept
 2612 Jackson Ave W
 Oxford, MS 38655

When was the debt incurred? Opened 05/16 Last Active 09/15

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Collection Attorney Tempoe Llc

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.5
0**Sfmfunding**

Last 4 digits of account number 474

\$12,618.49

Nonpriority Creditor's Name

1925 Us Highway 19n
 Holiday, FL 34691

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? Opened 7/11/14 Last Active 4/20/16

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Automobile Lawsuit - Volkswagon Passad

4.5
1**Sfmfunding**

Last 4 digits of account number 181

\$1.00

Nonpriority Creditor's Name

1925 Us Highway 19n
 Holiday, FL 34691

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? Opened 2/07/13 Last Active 7/11/14

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Automobile

4.5
2**Sheridan**

Last 4 digits of account number TBRA

\$56.60

Nonpriority Creditor's Name

Tampa Bay Radiology Assoc.
 P.O. Box 3381
 Indianapolis, IN 46206-3381

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? 5/4/18, 7/27/18, 8/10/18

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bill for Jennifer

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.5
3

Sheridan

Last 4 digits of account number TBRA

\$1,002.47

Nonpriority Creditor's Name
 Tampa Bay Radiology Assoc.
 P.O. Box 3381
 Indianapolis, IN 46206-3381
 Number Street City State Zip Code

When was the debt incurred? 8/9/18, 8/11/18

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

- ☒ No
☐ Yes

Other. Specify Medical bill for Jennifer

4.5
4

Sheridan

Last 4 digits of account number 91SM

\$115.00

Nonpriority Creditor's Name
 Tampa Bay Radiology Assoc.
 P.O. Box 3495
 Toledo, OH 43607
 Number Street City State Zip Code

When was the debt incurred? 1/16/18

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

- ☒ No
☐ Yes

Other. Specify Medical Bill for Megan Vasquez

4.5
5

Sheridan

Last 4 digits of account number TBRA

\$314.00

Nonpriority Creditor's Name
 Tampa Bay Radiology Assoc.
 P.O. Box 3381
 Indianapolis, IN 46206-3381
 Number Street City State Zip Code

When was the debt incurred? 11/6/18

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

- ☒ No
☐ Yes

Other. Specify Medical bill for Jeremy

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

4.5
6**Southern Management**

Nonpriority Creditor's Name

Attn: Bankruptcy Department
 Po Box 149966
 Orlando, FL 32814

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1940

\$863.00

When was the debt incurred? Opened 5/17/18 Last Active 12/17

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Attorney Harbor Oaks A

4.5
7**Southern Management**

Nonpriority Creditor's Name

Attn: Bankruptcy Department
 Po Box 149966
 Orlando, FL 32814

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1945

\$500.00

When was the debt incurred? Opened 5/17/18 Last Active 09/17

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Attorney Harbor Oaks A

4.5
8**Waypoint Resource Group**

Nonpriority Creditor's Name

Attn: Bankruptcy
 Po Box 1081
 San Antonio, TX 78294

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1761

\$98.00

When was the debt incurred? Opened 01/18 Last Active 06/17

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Attorney Charter/Bright House

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
 Advanced Womens Health Cent.
 221 Mariner Blvd
 Spring Hill, FL 34609

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.38 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3344

Name and Address
 AR Resources, Inc.
 Pob 1056
 Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 AR Resources, Inc.
 Pob 1056
 Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 AR Resources, Inc.
 Pob 1056
 Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 AR Resources, Inc.
 Pob 1056
 Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 AR Resources, Inc.
 Pob 1056
 Blue Bell, PA 19422

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Aris Radiology- Bayview
 10010 N. Dale Mabry Hwy
 Suite 150
 Tampa, FL 33618

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Aris Radiology- Bayview
 10010 N. Dale Mabry Hwy
 Suite 150
 Tampa, FL 33618

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Aris Radiology- Bayview
 10010 N. Dale Mabry Hwy
 Suite 150
 Tampa, FL 33618

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Aris Radiology- Bayview
 10010 N. Dale Mabry Hwy
 Suite 150
 Tampa, FL 33618

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Aris Radiology- Bayview
 10010 N. Dale Mabry Hwy
 Suite 150
 Tampa, FL 33618

Line 4.34 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Bayfront Health Spring Hill
 10461 Quality Drive
 Spring Hill, FL 34609

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Bayonet Point Health
 7210 Beacon Woods Drive
 Hudson, FL 34667

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 CBM Services Inc.
 300 Rodd St.
 Midland, MI 48640

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Center for Bone & Joint Dis.
 10221 Yale Avenue
 Brooksville, FL 34613

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Charter Spectrum
 27001 US HWY 19 N.
 Ste 2039
 Clearwater, FL 33761

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.58 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Choice Recovery
 Po Box 20790
 Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Commonwealth Financial Systems
 245 Main Street
 Scranton, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Commonwealth Financial Systems
 245 Main Street
 Scranton, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Commonwealth Financial Systems
 245 Main Street
 Scranton, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Commonwealth Financial Systems
 245 Main Street
 Scranton, PA 18519

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Debt Recovery Solution

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

6800 Jericho Turnpike
 Syosset, NY 11791

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 ERC/Enhanced Recovery Corp
 8014 Bayberry Rd
 Jacksonville, FL 32256

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 EXEDE/VIA SAT, INC
 5626 Gulf Drive
 New Port Richey, FL 34652

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Exeter Finance Corp
 Po Box 166008
 Irving, TX 75016

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Fingerhut
 PO BOX 166
 Newark, NJ 07101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 GTE Financial (dba) GTE Federal CU
 711 E. Hendersen
 Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Harbor Oaks Apartments
 12221 Holbrook Drive
 Hudson, FL 34667

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Harbor Oaks Apartments
 12221 Holbrook Drive
 Hudson, FL 34667

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.57 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Hernando County Emerg Phys
 PO box 9188
 Daytona Beach, FL 32120-9180

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8014

Name and Address
 Hernando County Emerg Phys
 PO box 9188
 Daytona Beach, FL 32120-9180

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8014

Name and Address
 Hernando County Emerg Phys
 PO box 9188
 Daytona Beach, FL 32120-9180

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Hernando County Emerg Phys
 PO box 9188
 Daytona Beach, FL 32120-9180

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1056

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Name and Address
 Hernando County Emerg Phys
 PO box 9188
 Daytona Beach, FL 32120-9180

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 I C System Inc
 Po Box 64378
 Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 I C System Inc
 Po Box 64378
 Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 I C System Inc
 Po Box 64378
 Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 I C System Inc
 Po Box 64378
 Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 I C System Inc
 Po Box 64378
 Saint Paul, MN 55164

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Jefferson Capital Systems, LLC
 16 Mcleland Rd
 Saint Cloud, MN 56303

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 JK Automotice Group
 12880 49th N
 Clearwater, FL 33762

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.50 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Kass Shuler, P.A.
 Jeffrey J. Mouch, Esq.
 PO Box 800
 Tampa, FL 33601

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.50 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Law Offices of
 Heist, Weisse, & Wolk, P.A.
 37 N Orange Avenue
 #500
 Orlando, FL 32801

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Lieser Skaff Alexander
 Daniel Drake, Esq.
 403 N. Howard Ave.
 Tampa, FL 33606-1510

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Last 4 digits of account number

Name and Address
 Lieser Skaff Alexander
 Daniel Drake, Esq.
 403 N. Howard Ave.
 Tampa, FL 33606-1510

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.40 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Lotane and Associates
 Troy R. Lotane
 1980 Michigan Avenue
 Cocoa, FL 32922

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 LVNV Funding/Resurgent Capital
 Po Box 1269
 Greenville, SC 29602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Midnight Velvet
 1112 7th Ave
 Monroe, WI 53566

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.39 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Nantucket Cove Apartments
 c/o Daniel Drake
 2753 SR 580
 Ste 209
 Clearwater, FL 33761

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 National Credit Systems, Inc.
 P.o. Box 312125
 Atlanta, GA 31131

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Navient
 PO BOX 740351
 Atlanta, GA 30374-0351

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Navient
 PO Box 9655
 Wilkes Barre, PA 18773

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Nicholas Financial Inc
 2454 McMullen
 Clearwater, FL 33759

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Online Collections
 Po Box 1489
 Winterville, NC 28590

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 ONPASV01
 PO Box 1280

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Oaks, PA 19456-1280

Last 4 digits of account number 8446

Name and Address

ONPASV01
 PO Box 1280
 Oaks, PA 19456-1280

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8442

Name and Address

Palm Harbor Emergency
 Physicians
 1000 River Rd.
 Ste 100
 Conshohocken, PA 19428-2439

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Paragon Revenue Group
 Po Box 126
 Concord, NC 28026

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Quality Drive Emergency Phys
 PO Box 37708
 Philadelphia, PA 19101-5008

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Quality Drive Emergency Phys
 PO Box 37708
 Philadelphia, PA 19101-5008

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

QualityDriveEmergencyPhys
 PO Box 37708
 Philadelphia, PA 19101-5008

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Regional Medical Center
 Bayonette Point
 PO Box 9060
 Clearwater, FL 33758-9060

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6599

Name and Address

Regional Medical Center
 Bayonette Point
 PO Box 9060
 Clearwater, FL 33758-9060

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Security Check
 306 Enterprise Drive
 Oxford, MS 38655

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.49 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Southern Management
 625-C Herndon Ave.
 Orlando, FL 32803

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Southern Management
 625-C Herndon Av
 Orlando, FL 32803

Line 4.57 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Spring Hill Regional Hosp
 PO Box 405991
 Atlanta, GA 30384-5991

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.44 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8441

Name and Address
 Spring Hill Regional Hosp
 PO Box 405991
 Atlanta, GA 30384-5991

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8441

Name and Address
 TD Bank N.A.
 1701 Route 70 East
 Cherry Hill, NJ 08034

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Teco Peoples Gas
 702 N. Franklin Street
 Tampa, FL 33602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Tempoe LLC
 1750 Elm Street # 1200
 Manchester, NH 03104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.49 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
 Waypoint Resource Group
 301 Sundance Pkwy
 Round Rock, TX 78681

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.58 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 107,391.85
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 107,391.85

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	Cathy Devries 17350 Eldridge Avenue Spring Hill, FL 34610	Rental Home debtors primary residence 7246 Catalina St. Spring Hill, FL 34606
2.2	NPRTO Florida, LLC 256 West Data Drive Draper, UT 84020	Leased furniture

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2	Jennifer S. Heinemann		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Jeremy P. HeinemannDebtor 2 Jennifer S. Heinemann
(Spouse, if filing)United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number
(If known) _____

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

☒ Employed
☐ Not employed

Occupation

Home Behavior Assistant

Employer's name

Pinellas Profession Homecare, Inc.

Employer's address

2075 Dunston Cove Rd.
Clearwater, FL 33755

Debtor 2 or non-filing spouse

☐ Employed
☒ Not employed

unemployedHow long employed there? 9 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>1,693.00</u>	\$ <u>0.00</u>
3.	Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	Calculate gross income. Add line 2 + line 3.	\$ <u>1,693.00</u>	\$ <u>0.00</u>

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 1,693.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,693.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f. \$ 0.00	\$ 85.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Workman's Compensation	8h.+ \$ 0.00	\$ 1,951.20
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 2,036.20
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,693.00 + \$ 2,036.20	= \$ 3,729.20
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	3,729.20
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Combined monthly income

Fill in this information to identify your case:

Debtor 1 Jeremy P. Heinemann

Debtor 2 Jennifer S. Heinemann
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Son6 months☐ No☒ YesSon11☐ No☒ YesDaughter14☐ No☒ Yes☐ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,200.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	185.00
6b. Water, sewer, garbage collection	6b. \$	70.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: <u>Cable Bundle</u>	6d. \$	200.00
<u>Cellular Phone Service</u>	\$	250.00
<u>Pest Control</u>	\$	20.00

7. Food and housekeeping supplies

7. \$ 950.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 82.00

10. Personal care products and services

10. \$ 85.00

11. Medical and dental expenses

11. \$ 70.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 75.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 235.00

15d. Other insurance. Specify: _____ 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: Tires 17c. \$ 150.00

17d. Other. Specify: _____ 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____ 19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: Pet Care

21. +\$ 20.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

\$ 3,592.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

\$

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 3,592.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 3,729.20

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,592.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 137.20

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes. Explain here: _____

Fill in this information to identify your case:

Debtor 1	<u>Jeremy P. Heinemann</u>		
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Jennifer S. Heinemann</u>		
(Spouse if, filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF FLORIDA</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jeremy P. Heinemann
 Jeremy P. Heinemann
 Signature of Debtor 1

Date February 21, 2019

X /s/ Jennifer S. Heinemann
 Jennifer S. Heinemann
 Signature of Debtor 2

Date February 21, 2019

Fill in this information to identify your case:

Debtor 1	Jeremy P. Heinemann		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jennifer S. Heinemann		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing
Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
12108 Hollbrook Dr. # 6 Hudson, FL 34667	From-To: 2/2017-11/2017	<input type="checkbox"/> Same as Debtor 1 12138 Hollbrook Dr. #3 Hudson, FL 34667	<input type="checkbox"/> Same as Debtor 1 From-To: 2/2017-11/2017
14508 Pimberton Dr. Hudson, FL 34667	From-To: 2/2016-2/2017	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1**Debtor 2**

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,300.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$19,800.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$15,640.95
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$19,800.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$37,229.24
For the calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$19,800.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,850.57

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Workermans Comp	\$4,156.78

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
SFM FUNDING CORP vs JEREMY HEINMANN, JENNIFER NIEVES 17-008672-CO	CIVIL JUDGMENT	PINELLAS COUNTY CIRCUIT COURT 315 Court Street Clearwater, FL 33756	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
HERNANDO HMA LLC DBA BAYFRONT HEALTH SPRING HILL 2018CC000300CCAXWS	Civil	Pasco County Clerk of Court Atten: Paula S. O'Neil PO Box 338 New Port Richey, FL 34656	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

The Day Law Office
 P.O. Box 5535
 Spring Hill, FL 34611
 daylawofficebk@tampabay.rr.com

10/29/18
 11/27/18
 2/7/19

\$1,580.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Storage World 10502 FL-52 Hudson, FL 34669	Jennifer Heinemann	Camping Items	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known)

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number *(if known)*

☒ **No. None of the above applies. Go to Part 12.**

☐ **Yes. Check all that apply above and fill in the details below for each business.**

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ **No**

☐ **Yes. Fill in the details below.**

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jeremy P. Heinemann

Jeremy P. Heinemann
 Signature of Debtor 1

/s/ Jennifer S. Heinemann

Jennifer S. Heinemann
 Signature of Debtor 2

Date February 21, 2019

Date February 21, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Jeremy P. Heinemann
 First Name Middle Name Last Name

Debtor 2 Jennifer S. Heinemann
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>W.S. Badcock Corp</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property: <u>furniture lien by Badcock: bed and mattress, dressers,</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
securing debt: <u>nightstand, grill</u>	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]: _____	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: _____	<input type="checkbox"/> No
Description of leased Property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased Property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Description of leased
 Property:

☐ No

☐ Yes

Lessor's name:
 Description of leased
 Property:

☐ No

☐ Yes

Lessor's name:
 Description of leased
 Property:

☐ No

☐ Yes

Lessor's name:
 Description of leased
 Property:

☐ No

☐ Yes

Lessor's name:
 Description of leased
 Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Jeremy P. Heinemann

 Jeremy P. Heinemann
 Signature of Debtor 1

X /s/ Jennifer S. Heinemann

 Jennifer S. Heinemann
 Signature of Debtor 2

Date February 21, 2019 _____

Date February 21, 2019 _____

Fill in this information to identify your case:

Debtor 1 Jeremy P. Heinemann

Debtor 2 Jennifer S. Heinemann
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Florida

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 1,650.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you _____	\$ 0.00	
For your spouse _____	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
Food Stamps	\$ 0.00	\$ 42.50
Workman's Compensation	\$ 0.00	\$ 1,908.70
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 1,650.00	+ \$ 1,951.20 = \$ 3,601.20
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 _____ **Copy line 11 here=>** \$ 3,601.20

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. $\times 12$
\$ 43,214.40

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. FL

Fill in the number of people in your household. 5

Fill in the median family income for your state and size of household. 13. \$ 85,353.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Jeremy P. HeinemannJeremy P. Heinemann
Signature of Debtor 1**X** /s/ Jennifer S. HeinemannJennifer S. Heinemann
Signature of Debtor 2

Date February 21, 2019

MM / DD / YYYY

Date February 21, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2018 to 01/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Pinellas Professional Homecare

Income by Month:

6 Months Ago:	08/2018	\$1,650.00
5 Months Ago:	09/2018	\$1,650.00
4 Months Ago:	10/2018	\$1,650.00
3 Months Ago:	11/2018	\$1,650.00
2 Months Ago:	12/2018	\$1,650.00
Last Month:	01/2019	\$1,650.00
Average per month:		\$1,650.00

Debtor 1 Jeremy P. Heinemann
 Debtor 2 Jennifer S. Heinemann

Case number (if known) _____

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 08/01/2018 to 01/31/2019.

Line 10 - Income from all other sources

Source of Income: Food Stamps

Income by Month:

6 Months Ago:	08/2018	\$0.00
5 Months Ago:	09/2018	\$0.00
4 Months Ago:	10/2018	\$0.00
3 Months Ago:	11/2018	\$85.00
2 Months Ago:	12/2018	\$85.00
Last Month:	01/2019	\$85.00
Average per month:		\$42.50

Line 10 - Income from all other sources

Source of Income: Workman's Compensation

Income by Month:

6 Months Ago:	08/2018	\$1,326.44
5 Months Ago:	09/2018	\$1,326.44
4 Months Ago:	10/2018	\$1,989.66
3 Months Ago:	11/2018	\$1,326.44
2 Months Ago:	12/2018	\$1,326.44
Last Month:	01/2019	\$4,156.78
Average per month:		\$1,908.70

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Middle District of Florida**

In re Jeremy P. Heinemann
Jennifer S. Heinemann

Debtor(s)

Case No. _____
Chapter 7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: February 21, 2019

/s/ Jeremy P. Heinemann
Jeremy P. Heinemann
Signature of Debtor

Date: February 21, 2019

/s/ Jennifer S. Heinemann
Jennifer S. Heinemann
Signature of Debtor

Jeremy P. Heinemann
7246 Catalina St
Spring Hill FL 34606

AR Resources, Inc.
Attn: Bankruptcy
Po Box 1056
Blue Bell PA 19422

Aris Radiology- Bayview
10010 N. Dale Mabry Hwy
Suite 150
Tampa FL 33618

Jennifer S. Heinemann
7246 Catalina St
Spring Hill FL 34606

AR Resources, Inc.
Attn: Bankruptcy
Po Box 1056
Blue Bell PA 19422

Aris Radiology- Bayview
10010 N. Dale Mabry Hwy
Suite 150
Tampa FL 33618

Sandra H. Day
The Day Law Office
PO Box 5535
Spring Hill, FL 34611-5535

AR Resources, Inc.
Attn: Bankruptcy
Po Box 1056
Blue Bell PA 19422

Aris Radiology- Bayview
10010 N. Dale Mabry Hwy
Suite 150
Tampa FL 33618

Accelerated Financial
25 Woods Lake Rd Ste 507
Greenville SC 29607

AR Resources, Inc.
Pob 1056
Blue Bell PA 19422

Aris Radiology- Bayview
10010 N. Dale Mabry Hwy
Suite 150
Tampa FL 33618

Advanced Womens Health Cent.
221 Mariner Blvd
Spring Hill FL 34609

AR Resources, Inc.
Pob 1056
Blue Bell PA 19422

Bayfront Health Spring
P.O. Box 1280
Oaks PA 19456-1280

Allied Interstate
PO Box 361596
Columbus OH 43236-1596

AR Resources, Inc.
Pob 1056
Blue Bell PA 19422

Bayfront Health Spring Hill
P.O. Box 405991
Atlanta GA 30384-5991

Amscott
600 N. Weset Shore Blvd.
FL 1200
Tampa FL 33609

AR Resources, Inc.
Pob 1056
Blue Bell PA 19422

Bayfront Health Spring Hill
10461 Quality Drive
Spring Hill FL 34609

AR Resources, Inc.
Attn: Bankruptcy
Po Box 1056
Blue Bell PA 19422

AR Resources, Inc.
Pob 1056
Blue Bell PA 19422

Bayonet Point Health
7210 Beacon Woods Drive
Hudson FL 34667

AR Resources, Inc.
Attn: Bankruptcy
Po Box 1056
Blue Bell PA 19422

Aris Radiology- Bayview
10010 N. Dale Mabry Hwy
Suite 150
Tampa FL 33618

Brooksville HMA Physician
ATTN# 11389M
P.O. Box 14000
Belfast ME 04915-4033

CBM Services Inc.
Attn: Bankruptcy
Po Box 551
Midland MI 48640

Commonwealth Fin. Systems
Attn: Bankruptcy
245 Main Street
Dickson City PA 18519

ERC/Enhanced Recovery Corp
Attn: Bankruptcy
8014 Bayberry Road
Jacksonville FL 32256

CBM Services Inc.
300 Rodd St.
Midland MI 48640

Commonwealth Financial Systems
245 Main Street
Scranton PA 18519

ERC/Enhanced Recovery Corp
8014 Bayberry Rd
Jacksonville FL 32256

Center for Bone & Joint Dis.
10221 Yale Avenue
Brooksville FL 34613

Commonwealth Financial Systems
245 Main Street
Scranton PA 18519

EXEDE/VIA SAT, INC
5626 Gulf Drive
New Port Richey FL 34652

Charter Spectrum
27001 US HWY 19 N.
Ste 2039
Clearwater FL 33761

Commonwealth Financial Systems
245 Main Street
Scranton PA 18519

Exeter Finance Corp
Po Box 166008
Irving TX 75016

Choice Recovery
1550 Old Henderson Road
Suite 100
Columbus OH 43220

Commonwealth Financial Systems
245 Main Street
Scranton PA 18519

Fingerhut
PO BOX 166
Newark NJ 07101

Choice Recovery
Po Box 20790
Columbus OH 43220

Debt Recovery Solution
Attn: Bankruptcy
6800 Jericho Turnpike Suite 113e
Syosset NY 11791

Florida Cancer Specialists
Corporate Office
P.O. Box 919527
Orlando FL 32891-9527

Commonwealth Fin. Systems
Attn: Bankruptcy
245 Main Street
Dickson City PA 18519

Debt Recovery Solution
6800 Jericho Turnpike
Syosset NY 11791

Florida Cardiology Group
7614 Jacque Rd.
Ste C
Hudson FL 34667-7195

Commonwealth Fin. Systems
Attn: Bankruptcy
245 Main Street
Dickson City PA 18519

Diagnostic Pathology of FI
PO Box 3093
Boca Raton FL 33431-0993

GTE Financial (dba) GTE Federal C
Attn: Bankruptcy
Po Box 172599
Tampa FL 33672

Commonwealth Fin. Systems
Attn: Bankruptcy
245 Main Street
Dickson City PA 18519

Diagnostic Pathology of FI
PO Box 3093
Boca Raton FL 33431-0993

GTE Financial (dba) GTE Federal C
711 E. Hendersen
Tampa FL 33602

Harbor Oaks Apartments
12221 Holbrook Drive
Hudson FL 34667

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Po Box 64378
Saint Paul MN 55164

Harbor Oaks Apartments
12221 Holbrook Drive
Hudson FL 34667

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Po Box 64378
Saint Paul MN 55164

Heart of Florida
5127 Commercial Way
Spring Hill FL 34606

Hernando HMA LLC
Bayfront Health Spring Hill
101 Paramount Drive
Suite 320
Sarasota FL 34232-6044

I C System Inc
Po Box 64378
Saint Paul MN 55164

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Attn: Bankruptcy
Po Box 64378
St Paul MN 55164

I C System Inc
Po Box 64378
Saint Paul MN 55164

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Attn: Bankruptcy
Po Box 64378
St Paul MN 55164

Jefferson Cap. Systems, LLC
Po Box 1999
Saint Cloud MN 56302

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Attn: Bankruptcy
Po Box 64378
St Paul MN 55164

Jefferson Capital Systems, LLC
16 Mcleland Rd
Saint Cloud MN 56303

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Attn: Bankruptcy
Po Box 64378
St Paul MN 55164

JK Automotice Group
12880 49th N
Clearwater FL 33762

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Attn: Bankruptcy
Po Box 64378
St Paul MN 55164

Kass Shuler, P.A.
Jeffrey J. Mouch, Esq.
PO Box 800
Tampa FL 33601

Hernando County Emerg Phys
PO box 9188
Daytona Beach FL 32120-9180

I C System Inc
Po Box 64378
Saint Paul MN 55164

Law Offices of
Heist, Weisse, & Wolk, P.A.
37 N Orange Avenue
#500
Orlando FL 32801

Lieser Skaff Alexander
Daniel Drake, Esq.
403 N. Howard Ave.
Tampa FL 33606-1510

Nantucket Cove Apartments
c/o Daniel Drake
2753 SR 580
Ste 209
Clearwater FL 33761

Online Collections
Attn: Bankruptcy
Po Box 1489
Winterville NC 28590

Lieser Skaff Alexander
Daniel Drake, Esq.
403 N. Howard Ave.
Tampa FL 33606-1510

Nantucket Cove Apartments
c/o Daniel Drake
2753 SR 580
Ste 209
Clearwater FL 33761

Online Collections
Po Box 1489
Winterville NC 28590

Lotane and Associates
Troy R. Lotane
1980 Michigan Avenue
Cocoa FL 32922

National Credit Sys. Inc.
Attn: Bankruptcy
Po Box 312125
Atlanta GA 31131

ONPASV01
PO Box 1280
Oaks PA 19456-1280

LVNV Funding/Resurgent Cap
Attn: Bankruptcy
Po Box 10497
Greenville SC 29603

National Credit Systems, Inc.
P.o. Box 312125
Atlanta GA 31131

ONPASV01
PO Box 1280
Oaks PA 19456-1280

LVNV Funding/Resurgent Capital
Po Box 1269
Greenville SC 29602

Navient
PO BOX 740351
Atlanta GA 30374-0351

ONPASV01
PO Box 1280
Oaks PA 19456-1280

MediCredit Inc.
HCA Settlement
PO Box 1629
Maryland Heights MO 63043-0629

Navient
PO Box 9655
Wilkes Barre PA 18773

ONPASV01
PO Box 1280
Oaks PA 19456-1280

Medicredit Inc.
HCA Settlement
PO Box 1629
Maryland Heights MO 63043-0629

Nicholas Financial Inc
Attn: Bankruptcy
2454 McMullen Booth Rd
N Ste 501b
Clearwater FL 33759

Palm Harbor Emergency
Physicians
1000 River Rd.
Ste 100
Conshohocken PA 19428-2439

Midnight Velvet
Attn: Bankruptcy
1112 7th Avenue
Monroe WI 53566

Nicholas Financial Inc
2454 McMullen
Clearwater FL 33759

Paragon Revenue Group
Attn: Bankruptcy
216 Le Phillip Ct Ne
Concord NC 28025

Midnight Velvet
1112 7th Ave
Monroe WI 53566

NPRTO Florida, LLC
256 West Data Drive
Draper UT 84020

Paragon Revenue Group
Po Box 126
Concord NC 28026

Quality Drive Emergency Phys
PO Box 37708
Philadelphia PA 19101-5008

Sfmfunding
1925 Us Highway 19n
Holiday FL 34691

Southern Management
625-C Herndon Av
Orlando FL 32803

Quality Drive Emergency Phys
PO Box 37708
Philadelphia PA 19101-5008

Sfmfunding
1925 Us Highway 19n
Holiday FL 34691

Spring Hill Regional Hosp
PO Box 405991
Atlanta GA 30384-5991

QualityDriveEmergencyPhys
PO Box 37708
Philadelphia PA 19101-5008

Sheridan
Tampa Bay Radiology Assoc.
P.O. Box 3381
Indianapolis IN 46206-3381

Spring Hill Regional Hosp
PO Box 405991
Atlanta GA 30384-5991

Radiology
Phys. Solutions of West FL
P.O. Box 3495
Toledo OH 43607

Sheridan
Tampa Bay Radiology Assoc.
P.O. Box 3381
Indianapolis IN 46206-3381

TD Bank N.A.
1701 Route 70 East
Cherry Hill NJ 08034

Regional Medical Center
Bayonette Point
PO Box 9060
Clearwater FL 33758-9060

Sheridan
Tampa Bay Radiology Assoc.
P.O. Box 3495
Toledo OH 43607

Teco Peoples Gas
702 N. Franklin Street
Tampa FL 33602

Regional Medical Center
Bayonette Point
PO Box 9060
Clearwater FL 33758-9060

Sheridan
Tampa Bay Radiology Assoc.
P.O. Box 3381
Indianapolis IN 46206-3381

Tempoe LLC
1750 Elm Street # 1200
Manchester NH 03104

RMCB
4 Westchester Plaza
Suite 110
Elmsford NY 10523

Southern Management
Attn: Bankruptcy Department
Po Box 149966
Orlando FL 32814

W.S. Badcock Corp
Attn: Bankruptcy
200 North Phosphate Blvd
Mulberry FL 33860

Security Check
Attn: Bankruptcy Dept
2612 Jackson Ave W
Oxford MS 38655

Southern Management
Attn: Bankruptcy Department
Po Box 149966
Orlando FL 32814

W.S. Badcock Corp

Security Check
306 Enterprise Drive
Oxford MS 38655

Southern Management
625-C Herndon Ave.
Orlando FL 32803

Waypoint Resource Group
Attn: Bankruptcy
Po Box 1081
San Antonio TX 78294

Waypoint Resource Group
301 Sundance Pkwy
Round Rock TX 78681

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Middle District of Florida

In re Jeremy P. Heinemann
Jennifer S. Heinemann

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,580.00
Prior to the filing of this statement I have received	\$	1,580.00
Balance Due	\$	0.00
2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 Negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements; representation of the debtors in any dischargeability actions, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 21, 2019

Date

/s/ Sandra H. Day

Sandra H. Day

Signature of Attorney

The Day Law Office

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Name of law firm